

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 09/26/2012
 Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount
 Number Line Line# Description

00310046	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013	09	0000093027	Adams, R. 9.10-9.	570.00
Total For Voucher												570.00

0000 202143 10/14/12

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500

Invoice Number: Adams, R.9.10-9.14.12

Voucher ID: 00310046

Invoice Date: 09/20/2012

Voucher Style: Regular

Total: 570.00

Vendor: ADAMS, RICHARD B

*Pay Terms: Pay Now  Schedule Payments

Saved

RUIDOSO PUBLIC HEALTH OFFICE
RUIDOSO, NM 88345**Payment Information**

Find | View All

First  1 of 1 Last

Scheduled Payment: 1

*Remit to: 0000097303 

Gross Amount: 570.00 USD

Location: 001 Discount: 0.00 USD ☐ Discount Denied*Address: 1 

Late Charge

Scheduled Due: 09/20/2012 

Net Due: 09/20/2012

Discount Due:

Accounting Date:

ADAMS, RICHARD B
RUIDOSO PUBLIC HEALTH OFFICE
103 KANSAS CITY RD
RUIDOSO, NM 88345**Payment Method**

*Bank: WFB10

*Account: B

Pay Group: RE

*Method: ACH ACH

*Handling: N 

*Netting:

Messages

Message will appear on remittance advice.

Summary		Invoice Information		Payments		Voucher Attributes		Error Summary	
Business Unit: 66500		Invoice Number: Adams, R.9.10-9.14.12							
Voucher ID: 00310046		Invoice Date: 09/20/2012							
Voucher Style: Regular		Total: 570.00							
Voucher Processing									
☒ Post Voucher ☐ Close Voucher									
☒ Revalue Voucher ☐ Delete Voucher									
Accounting Instructions									
*Accounting Template: STANDARD  Account At: Gross 									
Match Action									
*Status: Ready 									
☐ Pay UnMatched Voucher									
Transaction Currency									
*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000									
Voucher Approval									
*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 									
Approval Rule Set: Payment Approval Rule Set 1 									
Self Billing Invoice									
*SBI Num Option: Group Vouchers (Auto-Nu)  SBI Number: 									
Prepayment									
Prepayment Reference:  ☐ Automatically Apply Prepayment ☐ Postpone Withholding									
Letter of Credit									
Letter of Credit ID: 									
Tax Group									

Saved

AGENCY New Mexico Department of Health
NAME

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2
DATE 9/10/12
AGENCY CODE 66500
VOUCHER NUMBER 00310046

NAME Richard Adams

CAR LICENSE NUMBER GS1984

SOCIAL SECURITY NUMBER 97303

MODEL Nissan

NORMAL WORK DAY 8am TO 5pm

YEAR 2011

POST OF DUTY
Ruidoso

PROPOSED
(ADVANCE VOUCHER)

☐

RESIDENCE
Ruidoso

ACTUAL
(RECOUPMENT VOUCHER)

☒

DATE

ODOMETER READINGS

AMOUNTS

TIME SHOW AM OR PM
DEPARTURE ARRIVAL

CHARACTER OF EXPENDITURES
ENTER DESTINATION, NATURE, OF OFFICIAL
BUSINESS, PARTY CONTACTED AND MISCELLANEOUS

ENTER START
AND FINISH

NO. OF
MILES

MILEAGE

PER DIEM

MISCELLANEOUS

TOTALS

9/10/12 7:00am

Depart Ruidoso to Santa Fe to meet with Cabinet Secretary and staff

135.00

135.00

9/11/12

Overnight
Santa Fe rates apply*

135.00

135.00

9/12/12

Overnight
Santa Fe rates apply*

135.00

135.00

9/13/12

Overnight
Santa Fe rates apply*

135.00

135.00

9/14/12

7:00pm

Depart Santa Fe to Ruidoso
partial day per diem-12.0 hrs.

30.00

30.00

PER DIEM IS BASED ON (CHECK ONE)
ACTUAL ☐

APPROVED RATES ☒

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.

Employee Signature

Date

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA regulations Governing the PerDiem and Mileage Act.

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LAST MODIFIED ON: 09/11/2012 09:21

(1) DFA COPY

(2) ACCOUNTING COPY

(3) VENDOR REMITTANCE

(4) ORIGINATOR COPY

I, Richard Adams, do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the DFA Regulations Governing the PerDiem and Mileage Act.
PAYEE SIGN HERE X *Richard Adams* 9/10/12

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name:		Meetings in Santa Fe and Las Vegas			
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:		09/07/12		Destination:		Santa Fe and Las Vegas	
	Departure Date:		09/10/12		Time:		07:00 AM	
	(month/day/yr)				Return Date:		9/14/12	
				Time:		07:00 PM		
☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:								

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	4 @ \$135/day	\$ 540.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage	@ .41 per mile			
Miscellaneous Expense:	days @ \$6 per day			
Car Rental:	days @ per day			
		Total reimbursement to employee		\$ 570.00
		Total cost of trip		\$ 570.00

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Richard E. Adams 9/11/12
Employee Signature Date

Supervisor/Bureau Chief Signature Date

Division Director/Hospital Administrator
(As per specific division requirements) Date

Blm 9/11/12
Cabinet Secretary Signature Date
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)